

REISSUE PATENT APPLICATION TRANSMITTAL

525 U.S. PTO
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Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	35.C5745 CIP/C3/REI-U
First Named Inventor	SEISHIRO YOSHIOKA ET AL.
Original Patent Number	5,661,362
Original Patent Issue Date (Month/Day/Year)	August 20, 1997
Express Mail Label No.	
Total Pages	73

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input checked="" type="checkbox"/> Transfer Drawings from Patent File	8. <input type="checkbox"/> Foreign Priority Claim (35 USC 119)	9. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	11. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application Status still proper and desired	12. <input type="checkbox"/> Preliminary Amendment
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	14. <input type="checkbox"/> Other: _____ _____ _____	
4. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)			
5. Original U.S. Patent			
<input type="checkbox"/> Offer to Surrender Original Patent (37 CFR 1.178) (PTO/SB/53 or PTO/SB/54)			
or <input type="checkbox"/> Ribboned Original Patent Grant			
<input type="checkbox"/> Affidavit/Declaration of Loss (PTO/SB/55)			
6. Original U.S. Patent currently assigned?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes, check applicable box(es))			
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)			
<input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney			

15. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 (Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below
NAME			
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CITY	STATE	ZIP CODE	
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CLAIMS			(4) RATE	(5) CALCULATIONS
	Claims in excess of twenty and also in excess of the number of claims in the original patent =	22	X \$ 18.00 =	\$ 396.00
	Independent claims in excess of the number of independent claims in the original patent =	5	X \$ 78.00 =	\$ 390.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))		\$260.00 =	\$
			BASIC FEE (37 CFR 1.16(a))	\$760.00
			Total of above Calculations =	\$
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).			
			TOTAL =	\$1,546.00

16. Small entity status

- a. A Small entity statement is enclosed
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

17. A check in the amount of \$1,546.00 is enclosed.

18. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. Fees required under 37 CFR 1.16.
- b. Fees required under 37 CFR 1.17.
- c. Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	LEONARD P. DIANA, REG. NO. 29,296
SIGNATURE	
DATE	August 25, 1999